

Ivy Homecare Limited

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Inspection report

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Ivy Homecare Limited provides personal care to people in their own homes. At the time of inspection 20 people who were older adults were receiving a regulated activity.

Not everyone who used the service received personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

People's relatives told us they felt their relative was safe. However, we found significant concerns about safety and the management of the service which demonstrated people were not receiving safe care. People were not protected from abuse. The provider had failed to recognise and report safeguarding concerns where required. Action had not been taken to prevent risks from reoccurring. People were at risk of harm due to poor medicines management. Guidance was not always in place on prescribed medicines for staff to follow. Safe recruitment checks had not always been undertaken and there were not enough staff deployed to meet people's needs safely and effectively.

There was a lack of oversight and robust quality assurance measures in place to ensure adequate oversight. This meant patterns and trends which could have been identified if policies had been followed, had been missed and appropriate action had not been taken to learn and keep people safe.

The provider did not have a good understanding of their regulatory requirements and neglected their management duties. This had a negative impact on the management and oversight of the service and led to poor governance systems, lack of meaningful quality assurance processes and audits not being carried out. They failed to keep up to date with current best practice, legislation and regulatory requirements. This put people at risk of being negatively impacted by insufficient safe, good quality and personalised care practices.

The provider had failed to sufficiently assess people's individual needs. Care records had not been maintained and were inaccurate or incomplete. Care records did not contain sufficient person-centred detail. This meant there was a risk of staff not providing person-centred care.

When complaints or concerns had been raised by people or external professionals, the provider had not followed their own policy and fully investigated these complaints. This meant that appropriate actions had not been taken or lessons learnt which would allow for improvements to be made.

The provider had failed to consistently act in an open and transparent way. The provider had a duty of candour policy that required the provider to act in an open and transparent way when accidents and incidents occur. However, we were not always assured this had been consistently followed. We have made a

recommendation about this.

Records lacked some essential information around people's nutrition and hydration preferences and the level of support they required from staff. We have made a recommendation about this.

We could not be assured that people were always supported to have maximum choice and control of their lives. Although staff did support people in the least restrictive way possible, records did not reflect how decisions were being made in people's best interests; the policies and systems in the service were not followed to support this practice. We have made a recommendation about this.

People's relatives told us that staff were kind and caring. Systems were in place to help ensure staff had received adequate training in a timely way to equip them to do their roles, safely and effectively. Suitable policies were in place for infection prevention and control. Competency assessments and spot checks were carried out by the provider for infection control and medication.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Why we inspected

This service was registered with us on 16 November 2021 and this is the first inspection.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safeguarding, risk management, medicines, staffing, recruitment, person centred care, complaints, governance and notifications. We have made recommendations in relation to nutrition and hydration, mental capacity and consent and duty of candour.

We have imposed conditions to the provider's registration.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

Special Measures

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe.

Details are in our safe findings below.

Inadequate ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

Inadequate ●

Ivy Homecare Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection team consisted of one inspector and one inspection manager. We used an Expert by Experience who made telephone calls to people and their relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of inspection there was a registered manager in post who was also the provider. For the purposes of this report we will refer to them as the provider.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used information gathered as part of monitoring activity that took

place on 20 June 2022 to help plan the inspection and form our judgements. We used all this information to plan our inspection.

During the inspection

We spoke with four relatives of people who use the service about their relative's experience of care. We spoke with four members of staff including the registered manager who was also the provider and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with five external professionals who work with the service. We reviewed a range of records. This included six people's care records and multiple medication records.

We looked at four staff recruitment, training and supervision files. We reviewed a range of records relating to overall management of the service. We continued to seek clarification from the provider to validate evidence we found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated Inadequate.

This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management

- People were at potential risk of harm as the provider had not always identified, mitigated or safely managed risks to people. Where people had specific health conditions, these had not been assessed and no plans were in place to mitigate such risks. This meant people were at risk of harm as staff did not have sufficient guidance to support them to deliver care.
- One person was diabetic and there was no recorded information available for staff to be aware of how this condition presented or the management of this condition. Staff knew the person had this condition but did not have robust knowledge or guidance in place on how this medical condition impacted on the person's health and there was no guidance for staff to know what to do in the event the person's health deteriorated. We raised this with the provider who acknowledged they had failed to record this.
- Another person, who used insulin for their diabetes, did not have this recorded in their care plan. This meant staff were not informed of the treatment in place for their medical condition or how this impacted on their health.
- One person needed supervision at mealtimes to mitigate the risk of choking. Some staff were able to describe the level of supervision required and why, which in part reduced the risk. However, there was still a risk that unfamiliar staff would not have sufficient guidance to enable them to support the person safely.
- Where people were at risk of falls, risk assessments had not been developed to mitigate this. One person was identified in their initial assessment as at high risk of falls, however there was no management plan in place to guide staff on how to reduce and manage this risk. Some staff were able to describe how they managed this risk; however, this was not enough to mitigate the potential risk of harm.

The failure to assess the risks to the health and safety of service users and to do all that is reasonably practicable to mitigate any such risks was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- The provider did not have effective systems and processes to safeguard people from the risk of abuse.
- The provider failed to identify, investigate and report safeguarding concerns to CQC or the local authority. The Local Authority had identified at least nine safeguarding incidents this year that related to missed and late care calls and failing to seek medical support in a timely way. These incidents had put people at risk of not receiving safe care and treatment. None of these had been identified by the provider and referred to the local authority safeguarding team. We discussed this with the provider who told us they were not aware these incidents would meet the threshold of a safeguarding and did not know to report them.
- Safeguarding incidents were not always properly managed, recorded and investigated. For example, when

safeguarding incidents had been raised with the provider by the local authority, the provider was asked to complete investigations, however, the provider's investigations did not always contain sufficient detail as to what action would be taken to prevent reoccurrence. This placed people at continued risk of harm.

The failure to safeguard service users from abuse and improper treatment was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Although we have identified concerns relating to risk and safeguarding, relatives told us they felt their family member was safe. One relative said, "Yes. [Person] is very happy with it [care] and so am I. They [staff] do what we need them to do." Another relative said, "They do a good job and she [person] is satisfied with them."

Using medicines safely

- Medicines were not always managed safely. Systems and processes that were in place did not identify or mitigate the risks to people that related to their medicines.
- Medication Administration Records (MARs) were in place, however, guidance was not always sufficient for staff to safely support people with their medication. For example, one person was prescribed medicine to thin the blood. There was no guidance or risk management plan in place to identify the actions staff should take in the event of injury.
- MARs did not always provide sufficient detail on times medicines were administered. One person had a medicine prescribed four times a day, but there were no times documented on the MAR. This meant there was no system in place to ensure this medicine was administered with the appropriate minimum length of time between doses putting the person at risk of being administered medicine too soon which could have resulted in an overdose.
- People's allergies were not always recorded which meant they were at risk of staff not knowing this important information. For example, one person's care records stated they were allergic to specific medicines. However, this was not recorded on the person's medicine records. This person's MAR under allergies stated, "NA", for not applicable.
- Where people were prescribed 'as required' medicines (PRN), guidance was not always in place to identify or guide staff on how to support people with this medication when needed.
- Where people were prescribed topical creams that were flammable, risk assessments on how staff should safely manage these creams had not been completed.

The failure to ensure the proper and safe management of medicines was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Where people required support with applying creams, body maps were in place in people's homes to guide staff about where and how to apply them.
- Staff were able to describe how they supported people with medicines, which in part reduced the risk to people around taking their medicines.

Staffing

- We could not be assured there were sufficient numbers of staff deployed effectively to meet the needs of people and keep them safe. During the inspection a number of late/missed care calls were identified that had been raised by the Local Authority. The provider had failed to identify these or take any action.
- Relatives told us they did not feel there were enough staff. Comments included, "They have so many customers so they can't keep on time, once they never turned up, but they apologised", "They don't always

stay for the full time, I tell them they have another 15 minutes, they laugh and leave" and "They are always in a rush, they don't always stay for the full time."

- The provider told us they employed five care staff and confirmed they also delivered care. The provider confirmed that on any day there were four care staff on shift. This level of staffing was in place to support 20 people. The provider advised that care staff would work extra hours to meet care needs. However, there was no contingency measures in place should staff become unavailable or fall sick.

The failure to have sufficient numbers of staff deployed to meet people's needs at all times was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Although late and missed calls had been identified, staff told us they generally felt there was enough of them and they had time to meet people's needs. One staff member said, "Yes, [I] have enough time for everyone." Another staff member said, "Yes [enough time]...I will call the office if I don't have enough time."

Recruitment

- Safe staff recruitment checks had not always been undertaken. The provider had not always sought evidence of satisfactory conduct where staff had previously been employed in health and social care roles. For example, the provider had sought and accepted a reference for one staff member from a previous employer which was from a role not in health and social care. There was no evidence they had sought information of satisfactory conduct in their roles they had undertaken in health and social care.

- The provider had not always gathered evidence of a full employment history for staff. For example, one staff member had been out of the country for four years, there was no evidence that the provider had sought to verify this gap in employment history.

The failure to undertake safe recruitment checks was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Preventing and controlling infection

- Suitable policies were in place for infection prevention and control.

- The provider and staff said they were completing COVID testing twice a week, in line with current government guidance.

- Staff were able to describe how and when to use appropriate Personal Protective Equipment (PPE) to keep people safe from infection and confirmed adequate supplies of PPE were provided.

- Training records confirmed all staff had completed Infection Prevention and Control training as part of their induction.

- The provider had completed spot checks of staff in people's homes to ensure compliance with PPE protocols.

- People told us staff wore PPE when providing care to them. However, one person told us that previously a staff member had refused to wear PPE, the person had refused entry to the staff member.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs had not always been robustly assessed prior to care being provided. For example, records reviewed for two people in receipt of care had very limited detail about the care and support they required. There was limited information to evidence people had been involved in making decisions about their needs and choices.
- We saw no evidence that peoples' care needs, and care plans were reviewed when required. Care records were not person centred and did not reflect people's assessed needs and choices.
- We discussed these concerns with the provider who told us, "I know this information but it's in my head, not on paper." The provider told us they worked alongside staff and shared information on a chat group. However, this was not a sufficient system to ensure up to date information was always available for staff to ensure they knew people's needs and to achieve good outcomes for people.

The failure to adequately assess people's needs and preferences in respect of their care and treatment was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA

- Records did not clearly evidence that people's consent had been formally sought to the care and treatment they received. One person's care plan had a contradictory assessment of their capacity and the

consent form had been signed by a relative on their behalf. We discussed this with the provider who said they would review the records.

- One person's care plan said, "best interest decision agreed and actioned." However, there was no record of a best interest meeting, who attended the meeting or of the person's opinions or involvement in this meeting.
- The provider did not demonstrate a good understanding of the MCA and best interest's decision making process.
- Staff were not able to clearly describe the basic principles of the MCA. When asked about their understanding of the MCA. One staff member told us, "MCA is that you ask for consent before you do anything." Another staff member believed it related to being taken care of by someone else and said, "Where someone can be taken of, I'm not sure."
- Staff were able to describe when and how they should gain people's consent. One staff member told us "I ask for consent before I do anything for people, and I talk them through what I'm doing." People confirmed staff asked for consent. One person's relative told us, "two regular carers come, they talk to [person] while they are doing everything."

We recommended the registered person seek advice from a reputable source to ensure the application of the MCA is applied and recorded consistently and accurately.

Staff support: induction, training, skills and experience

- Staff receive an induction when they started with the service. This included online mandatory training, reading policies and shadow shifts, all prior to working alone. This enabled staff to learn people's needs and provide appropriate care to them.
- Staff had completed the mandatory training required by the provider. Staff had also completed some specific courses for diabetes, epilepsy and oral care. Staff told us they felt the training was suitable to enable them to care for people safely.
- Competency assessments and spot checks were carried out by the provider for infection control and medicines. Staff confirmed these took place.
- Staff had started to receive regular supervision meetings with the provider. The records available reflected some of these meetings had taken place and the topics covered were detailed and gave staff the opportunity to feedback. The provider told us that going forward, all staff will receive a supervision meeting every two or three months.
- Relatives told us they felt staff were well trained, Comments included, "They are brilliant, they know exactly what they are doing. They are all bright" and "They are very well trained and certainly know what they are doing."

Supporting people to eat and drink enough to maintain a balanced diet

- Most people told us they or their relatives prepared their meals. However, one person's relative told us meals were to be provided by the care staff. The relative was not assured this support was being provided because they had seen mouldy food in the fridge. They told us it was not clear what the staff had been supporting the person to eat. We raised this with the provider who told us this was not raised with them at the time, however, they will look into this concern.
- Records lacked some essential information around people's nutrition and hydration preferences and the level of support they required from staff.
- Where food and fluids were prepared for people there was no record of how much had been consumed. This was important for people who had medical conditions which could be affected by food and fluid intake.

We recommend the provider seeks current guidance on meeting the nutritional and hydration needs of people and updates their practice accordingly.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The provider told us they worked well with professionals to achieve good outcomes for people however, there was a lack of evidence to support this.
- Relatives told us care staff had called the GP for them in the past when it had been required. Staff told us if they had concerns about people's health and wellbeing, they would call the registered manager who would advise them what to do.
- The provider told us they are currently working with the Local Authority to improve their systems and processes and to ensure they are meeting people's needs.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement.

This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Supporting people to express their views and be involved in making decisions about their care; respecting equality and diversity

- Due to the concerns identified at this inspection, we could not be assured the provider ensured people received a high-quality compassionate service. We have taken this issue into account when rating this key question.
- Staff were able to describe some people's personal preferences and choices however, there was no evidence that people were always involved in making decisions about their care or the creation of their care plans.
- Care plans did not contain personalised information to reflect people's individual needs. Care plans included a section to record information shared by people with regards to gender, sexual orientation, marital or partnership status, disability, creed, colour, race or ethnicity among others. However, this was not always consistently completed. The provider did not have a full understanding of protected characteristics. We have detailed this further in the effective and responsive domains of this report.

Ensuring people are well treated and supported

- People spoke positively about the support they received from care staff. Comments included, "They are kind and caring, we both get on with them very well," and "They are kind and helpful, they always talk to us both."
- One person's relative told us, "The manager is nice, they will sort things out for me." Another Relative told us, "Yes at the moment, [person receives personalised care]..."

Respecting and promoting people's privacy, dignity and independence

- Care staff told us how they protected people's privacy and dignity and gave examples such as closing doors when assisting with personal care and keeping people covered when supporting them to transfer. Relatives we spoke to confirmed this.
- The registered person followed data protection law. Information about people was kept securely so confidentiality was maintained.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement.

This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

- There was no system in place to investigate and respond to complaints. Where complaints had been made, records did not detail actions taken or the outcome of the complaint. For example, one relative we spoke to told us of a complaint they had made to the provider in February 2022, but they had not received a response. We raised it with the provider who confirmed an investigation had not been completed, they took immediate action following the inspection to contact the relative to discuss the complaint.
- Feedback from people and their relatives had been received by the provider which raised a number of concerns/complaints with a similar theme of late/missed care calls. There was no evidence action had been taken. There was a complaints policy in place, however, there was no evidence to show that the provider had followed their own policy.
- Relatives told us they knew how to complain, however, they were not always assured complaints would be resolved by the provider. One relative told us, "Once these carers said they would sort it, but I didn't see any change at all. At the moment they are ok."

The failure to receive and act on complaints was a breach of Regulation 16 (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Meeting people's communication needs; End of life care and support

- People's likes, dislikes and preferences were not always documented in their care plans and records relating to people's care did not contain enough detail. For example, one person's care plan contained conflicting information about their mobility needs. Another person's care plan stated in the assessment of physical health and wellbeing section they had a known allergy to medicines, however, the medicines they were allergic to were not listed.
- Staff told us they would refer to care plans to ensure they knew how to support people. One staff member told us they, "Always first look at the care plan." Another staff member told us, "[Provider] updates the care plan" and staff get, "printouts about the care plan." We could not be assured that person centred information was consistently available for staff which meant people were at risk of not always receiving personalised care.
- Where end of life care was being provided, care plans were not person centred or reflective of the current level of support required. At the time of inspection, one person was receiving end of life care. This person's care plan was not fully completed and did not demonstrate this person's end of life wishes had been adequately explored or provide guidance to staff on how the person preferred to receive their care during

each visit. There was no information to show other professionals' were involved in the person's care for example, the hospice or district nurses. This meant there was a risk that this person's end of life care needs may not be shared in a way to ensure comfort at the end of life. We raised this with the provider who sent us an updated care plan, however, this still lacked sufficient detail.

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs had not always been adequately assessed or recorded. Care plans lacked sufficient person-centred detail to provide guidance to staff on their individual communication needs. For example, one person's care plan stated, "My vision has now greatly declined and [I am] now registered blind and [I am] also hard of hearing." However, there was no information how staff should support this person with their sight and hearing loss. Despite being registered blind, the outcome and goal for this person stated, "To maintain my vision." This was a common theme throughout the records looked at.

The failure to assess and adequately plan and deliver person centred care to achieve good outcomes for people was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- People's relatives told us they generally felt their family member received personalised care. One relative told us, "They [staff]...look after my wife well. She is very happy with them." Another relative said, "They help my wife with all her needs and what she needs doing."
- One person who was visually impaired was supported to listen to talking books.
- Staff were able to describe who required hearing aids and how they supported people to change batteries. One person's relative told us staff met their relative's communication needs. They said, "[Person] can't speak and writes in a book and communicates with staff that way."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There was a lack of evidence that people were asked about their interests. Peoples culture had been identified in their care plans, however, there was no information about if or how this would impact their care needs or whether support could be offered to engage in activities around this.
- Generally, relatives reported they had good relationships with care staff, and they supported people well. One relative said, "They [staff] are kind, helpful. They always talk to us both."

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Inadequate.

This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service was not well managed. The registered manager, who was also the provider, had limited quality assurance processes in place, to monitor and review the overall safety and quality of the service provided to people.
- Prior to the inspection we requested documentation from the provider, including copies of medicine and other quality assurance audits. These were not sent prior to inspection as requested. During the site visit, audits were still not made available. Following the inspection, the provider sent us some quality assurance audits. However, records we did receive had been dated prior to our site visit. We could not be assured these records were in place prior to our inspection.
- Audits reviewed had failed to always identify and resolve issues found on inspection. This meant there was not a robust system in place to identify issues and drive improvement across the service.
- The provider failed to follow their own governance policy to ensure they had sufficient oversight of quality and safety within the service. Some audits were carried out, but these were not done in line with their policy because they were not completed consistently or effectively.
- For example, quality assurance systems in place to monitor late and missed calls were ineffective. Where care calls were late or missed, systems were not in place or were insufficient to identify this in a timely way or to take action.
- There were no systems in place to assess and monitor safe recruitment checks. The provider had not followed safe recruitment checks and they had no system in place to ensure sufficient oversight of this.
- Where there were some audits in place, these had not always identified the concerns we found on inspection. For example, medicine audits had been completed but had not always identified and acted on the concerns found during inspection. Such as, insufficient guidance for 'as required' medicine and lack of detailed guidance to manage the risks relating to high risk blood thinning medicine.
- Where issues had been identified during completion of an audit, these had not been resolved in a timely manner. For example, one audit completed in May 2022 identified gaps in care plans and risk assessments and people's medicine records not containing allergy details. The time frame for reviewing whether action had been taken on these issues was by December 2022. During the inspection we found these concerns remained and sufficient action had not been taken.
- Policies and procedures were in place to aid the running of the service. For example, there were policies

for complaints, medicines and safeguarding, which staff told us they had read and could access. However, due to the concerns we found during the inspection which are cited in this report, we were not assured these were being robustly implemented or understood.

- The provider failed to ensure records were accurate, contemporaneous and up to date. For example, we saw care planning documentation contained out of date, conflicting or inaccurate information which meant staff did not have easily accessible current guidance about people.
- We reviewed five people's care records during the inspection and the information contained in these plans was not person centred and did not always reflect people's specific needs and choices or how staff should support them in achieving positive outcomes.
- The provider had sought feedback from people who use the service and their relatives using surveys. This gave people the opportunity to raise concerns. However, where concerns had been raised as part of this feedback the provider had failed to take any action. There was no clear record of any actions taken in response to any discussed issues raised.
- The provider had received handwritten feedback from people and their relatives on the service, some of which described concerns. There was no evidence that these had been recognised or acted upon. The provider had not taken appropriate action to address these concerns and learn from them.
- The systemic failings outlined in this report demonstrated the provider had failed to ensure people received a well-managed service which was safe and compassionate, placing people at risk of potential harm.

The failure to operate effective systems to assess, monitor and improve the service, monitor and mitigate risks and maintain accurate and complete records was a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Providers are required to notify CQC of significant events without delay. The provider failed to notify CQC of significant events that happened in the service as required by law. This included where missed/late care calls had been raised as a safeguarding with the local authority safeguarding team which could potentially neglect people's health and wellbeing. There were nine safeguarding's which had resulted in the Local Authority safeguarding team investigating, that the provider was aware of, which at the time of writing this report had not been notified to CQC.
- The lack of reporting had not been picked up by the provider. This meant CQC were not able to effectively monitor the service or ensure that appropriate action had been taken in relation to these incidents.

The failure to notify the Care Quality Commission of significant events was a breach of Regulation 18 (Notification of other incidents) of the Care Quality Commission (Registration) Regulations 2009

- Staff told us they felt well supported by the provider. One staff member said, "Yes supported... [Provider] answers straight away." Another staff member described the provider as a, "good manager, good attitude and good with clients [people]."
- Staff felt they were engaged in feeding back about the service. One staff member said, "Yes, we [staff member and registered manager] speak frequently." Another staff member said, "...told them [provider] my concerns and [they were] acted on."
- Relatives felt they had the opportunity to feedback. One relative told us, "The manager phones and asks if I am happy." Another said, "[In] general conversation they have asked for my feedback..."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had a duty of candour policy that required the provider to act in an open and transparent

way when accidents and incidents occur. However, we were not always assured this had been consistently followed.

- Although the provider was able to describe the duty of candour, we found evidence that these had not always been met. There were no records to reflect where incidents occurred, the provider had been open and transparent with people and their relatives. For example, when an incident occurred in February 2022, there was no evidence of a written record of an investigation, nor that the provider had taken action to notify the relevant persons or apologise. This was raised with the provider during inspection the inspection who took action to arrange a meeting with the people concerned.

We recommend the provider seeks guidance from a reputable source to ensure the duty of candour requirements are fully understood and implemented.

Working in partnership with others

- The provider told us they were open to working with other agencies and external professionals. They told us that they were aware of how to contact and work with other professionals for example, district nurses, occupational therapists and social workers.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents Regulation 18 CQC Registration Regulations 2009 Notification of other incidents The failure to notify the Care Quality Commission of significant events

The enforcement action we took:

We imposed conditions on the providers registration

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care Regulation 9 HSCA RA Regulations 2014 Person-centred care The failure to adequately assess people's needs and preferences in respect of their care and treatment. The failure to assess and adequately plan and deliver person centred care to achieve good outcomes for people.

The enforcement action we took:

We imposed conditions on the providers registration

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The failure to assess the risks to the health and safety of service users and to do all that is reasonably practicable to mitigate any such risks. The failure to ensure the proper and safe management of medicines.

The enforcement action we took:

We imposed conditions on the providers registration

Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The failure to identify, adequately investigate and take appropriate action on safeguarding concerns to safeguard service users from abuse or improper treatment

The enforcement action we took:

We imposed conditions on the providers registration

Regulated activity	Regulation
Personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints The failure to receive and act on complaints

The enforcement action we took:

We imposed conditions on the providers registration

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Regulation 17 HSCA RA Regulations 2014 Good governance The failure to operate effective systems to assess, monitor and improve the service, monitor and mitigate risks and maintain accurate and complete records

The enforcement action we took:

We imposed conditions on the providers registration

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Regulation 19 HSCA RA Regulations 2014 Fit and

proper persons employed

The failure to undertake safe recruitment checks

The enforcement action we took:

We imposed conditions on the providers registration

Regulated activity

Personal care

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

Regulation 18 HSCA RA Regulations 2014 Staffing

The failure to have sufficient numbers of staff deployed to meet people's needs at all times

The enforcement action we took:

We imposed conditions on the providers registration